

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049932

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12832

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 8 1964

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis                                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |   | Length of stay in 1b<br>3 1/2 Weeks  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION DePaul Hospital  |   | d. STREET ADDRESS (If outside, give location)<br>1126 Laire Drive  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Conrad J. Schmitt   |   | 4. DATE OF DEATH<br>Month Day Year<br>December 24 1963   |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br>2-17-1880                                       |
| 9. AGE (last birthday)<br>83 yrs.   |   | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Custodian  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>St. Louis Car Co.   |   |
| 11. BIRTHPLACE (City and state or country)<br>Germany   |   | 12. CITIZEN OF WHAT COUNTRY<br>USA   |   |
| 13a. FATHER'S NAME<br>Valentine Schmitt   |   | 13b. MOTHER'S MAIDEN NAME<br>Rosalie - - - - -   |   |
| 14. NAME OF HUSBAND OR WIFE<br>deceased   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |   |
| 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br>Mrs. Edwin Ottman<br>10400 Seaton St. Louis County, Missouri  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cerebrovascular Thrombosis<br>Corebral Arteriosclerosis<br>332x<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH<br>5-6 days   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |   |
| 21. I attended the deceased from 7-27-63 to 12-24-63 and last saw him alive on 12-24-63<br>Death occurred at 1:10 P on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22. SIGNATURE<br>Walter J. Kitzinger, M.D.<br>22b. ADDRESS<br>8321 N. Broadway<br>22c. DATE SIGNED<br>12-26-63   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  | 23b. DATE<br>12-27-1963   | 23c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Cemetery  | 23d. LOCATION (City, town, or county)<br>St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc. 2161 E. Fair<br>St. Louis, Missouri 63107  |   | 25. DATE RECD. BY LOCAL REG.<br>DEC 26 1963  | 26. REGISTRAR'S SIGNATURE<br>Paul Smith, M.D.                       |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STRICTLY CONFIDENTIAL

STPM

FAI

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julius R Brown*

Licensed Embalmer No.

*5146*

P. O. Address

*St Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.